

# MATUTECH, INC.

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## Notice of Independent Review Decision

**Date: August 20, 2012**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Postoperative physical therapy

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified Orthopaedic Surgeon

### **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- MRI right knee (02/07/12)
- Office visits (02/21/12 – 06/07/12)
- Surgery (03/07/12)
- PT evaluation (05/31/12 – 07/09/12)
- MRI right knee (02/07/12)
- Office visits (02/21/12 – 07/10/12)
- Surgery (03/07/12)
- Utilization reviews (07/16/12 – 07/27/12)

**ODG has been utilized for the denials.**

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who twisted her knee.

On February 7, 2012, magnetic resonance imaging (MRI) of the right knee revealed tear involving the medial meniscus of the posterior horn and body; signal alteration within the lateral meniscus appearing smudgy and questionably abutting the articular surface and small joint effusion.

On February 21, 2012, M.D., evaluated the patient for acute and constant right knee pain with popping, snapping and giving way. There was medial joint line pain with climbing and squatting. The patient had been originally seen by her family doctor and Worker's Comp, Dr. and was fitted with a knee brace. She was off work since then. Examination revealed exquisite medial joint line tenderness with a medial McMurray's. X-rays of the right knee were unremarkable. Dr. reviewed MRI of the right knee and diagnosed torn medial meniscus with symptomatology of mechanical symptoms of popping, catching, grinding and giving way. He recommended wearing a slip-on knee brace for support and discussed treatment options consisting of surgery.

On March 7, 2012, Dr. performed operative arthroscopy, partial lateral meniscectomy and excision of symptomatic medial shelf plica of the right knee. Postoperatively, Dr. removed sutures and recommended starting range of motion (ROM) and strengthening.

In April, Dr. noted that the patient had not started PT. She was wearing a slip-on knee brace. Dr. recommended starting a strengthening and conditioning program. On follow-up, Dr. noted that the patient was attending therapy. The therapist had reported that the patient had continued quad deconditioning and quad weakness and there might have been some degree of quad injury at the time of her injury. Examination revealed no effusion, good ROM and significant quad deconditioning. Dr. prescribed Motrin and recommended continuing therapy.

The patient underwent PT evaluation and was recommended 12 sessions of PT.

In June, Dr. noted that arthroscopy had revealed intermediate chondromalacia of the medial compartment and patellofemoral articulation. The patient complained of gross pain at 4/5. Examination revealed ROM 0 to 30 degrees, decreased quadriceps tone and an antalgic gait. He administered an intra-articular cortisone injection, fitted her with a better-fitting hinged knee brace for support and recommended strengthening and conditioning type PT modality programs and Synvisc supplementation.

On July 9, 2012, the patient underwent physical therapy (PT) evaluation. It was noted that she had attended 19 sessions of PT. The evaluator recommended 12 sessions of PT consisting of therapeutic exercises, cold pack, hot pack and ultrasound.

On July 10, 2012, Dr. noted that the patient had a very slow course with PT. She was attending therapy and it was felt that she would need PT to do strengthening and conditioning. Examination revealed diffuse tenderness around the knee and inability to do a full squat. Dr. recommended further strength conditioning two or

three times a week for four weeks. He recommended follow-up after therapy and felt that the patient would be at MMI after therapy.

Per utilization review dated July 16, 2012, the request for 12 sessions of PT was denied with the following rationale: *“Based on the Official Disability Guidelines criteria, the role of 12 additional sessions of therapy cannot be supported. In this case, the claimant underwent an arthroscopy and partial meniscectomy, for which she has already received 19 sessions of formal physical therapy over a two plus month period of time. The role of 12 additional sessions of therapy would far exceed Official Disability Guidelines criteria and cannot be supported as medically necessary. The specific request in this case cannot be supported.”*

Per reconsideration review dated July 27, 2012, the appeal for 12 sessions of PT was denied with the following rationale: *“This is a non-certification of an appeal for physical therapy for the right knee of twelve visits. The previous non-certification on July 16, 2012, was due to documentation of nineteen sessions of formal physical therapy, no other clinical information was provided for review in regard to understanding conservative measures since the time of surgery. The previous non-certification is supported. No additional records were provided for review. Official Disability Guidelines would support up to twelve physical therapy sessions over twelve weeks after right knee arthroscopy and meniscectomy. The claimant’s already exceeded the guidelines with nineteen physical therapy sessions. Twelve additional would exceed guidelines recommendation. The claimant has good active range of motion of the right leg and good strength. Records do not reflect the clinical necessity of ongoing formal therapy versus an aggressive home exercise program.”*

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The request is for 12 additional sessions of physical therapy. According to ODG guidelines for post-operative physical therapy for arthroscopic partial meniscectomy, they do allow 12 physical therapy visits. This patient has already had 19 visits. On her last documentation from her physician, she had full range of motion of her knee. The claimant at this time should be on a home program. There is no documentation to support further physical therapy. I agree with the other reviewers assessments.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**